

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/31/2013
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF PRAIRIE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208		
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F 000	INITIAL COMMENTS	F 000			
F 278 SS=D	<p>The following citations represent the findings of complaint investigation #KS000069872</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: The facility's census totaled 36 residents with 3</p>	F 278			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1</p> <p>residents sampled. Based on observation, interview and record review, the facility failed accurately complete the Minimum Data Set 3.0 assessment related to falls for 2 of the 3 sampled residents (#1 and #2).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #1's Physician Order Sheet (POS) dated 8/27/13 included the diagnosis: aftercare traumatic fracture (broken bone) of the left hip. <p>The admission Minimum Data Set 3.0 assessment (MDS) dated 9/3/13 documented the Brief Interview for Mental Status score of 10 which indicated the resident's cognitive status was moderately impaired. The MDS further documented the resident was independent with set up help only with bed mobility, transfers, and personal hygiene, and required supervision and set up help with dressing and toilet use. The resident had no impairment in range of motion (ROM). The MDS further documented the resident had no fall history.</p> <p>The Care Area Assessment (CAA) dated 9/3/13 revealed the areas related to activities of daily living (ADLs), falls and nutrition triggered but lacked documentation related to these areas.</p> <p>The care plan dated 8/27/13 lacked information related to falls.</p> <p>The hospital history and physical dated 8/13/13 documented the resident fell and had a repair of a left hip fracture.</p> <p>On 10/24/13 at 8:00 A.M. the resident sat in a wheelchair in his/her room waiting for breakfast.</p>	F 278			

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F 278	<p>Continued From page 2</p> <p>The resident revealed he/she was getting better but the staff still needed to assist the resident since he/she broke his/her hip.</p> <p>On 10/24/13 at 11:20 A.M. administrative nursing staff D revealed the MDS was inaccurate and lacked documentation related to the fall prior to admission for this resident.</p> <p>On 10/25/13 at 10:20 A.M. licensed nursing staff H acknowledged the fall was not documented on the MDS for this resident.</p> <p>The revised December 2011 facility policy "Resident Examination and Assessment" documented the purpose was to examine and assess the resident for any abnormalities in health status, which provided a basis for the care plan.</p> <p>The facility failed to accurately assess and reflect resident #1's fall history on the MDS assessment.</p> <p>- Resident #2's Physician Order Sheet (POS) dated 10/5 to 11/4/13 included the diagnoses: Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, forward flexion of the trunk, loss of postural reflexes and muscle rigidity and weakness).</p> <p>The readmission Minimum Data Set 3.0 Assessment (MDS) dated 6/9/13 documented the resident required extensive assistance of 1 staff with bed mobility, transfers, toileting and personal hygiene. The MDS further documented no falls.</p> <p>The Care Area Assessment (CAA) dated 4/8/13</p>	F 278			

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F 278	Continued From page 3 revealed the resident was at risk for falls related to history of falls. The nurses' notes documented staff found the resident on the floor on a floor mat, with chair alarm sounding on 6/1/13. On 10/24/13 at 8:00 A.M. the resident laid in a low bed, with mat next to the bed, and an alarm on the bed. On 10/24/13 at 11:20 A.M. administrative nursing staff D revealed the MDS was inaccurate, it lacked documentation related to the fall sustained by the resident. On 10/25/13 at 10:20 A.M. licensed nursing staff H stated the fall was not documented on the MDS. The revised December 2011 facility policy "Resident Examination and Assessment" documented the purpose was to examine and assess the resident for any abnormalities in health status, which provided a basis for the care plan. The facility failed to accurately assess and reflect resident #2's fall history on the MDS assessment.	F 278			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's	F 279			

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F 279	<p>Continued From page 4</p> <p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: The facility's census totaled 36 residents with 3 residents sampled. Based on observation, interview and record review, the facility failed to develop a comprehensive and individualized care plan for falls for 2 of 3 sampled residents (#1, and #2).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #1's Physician Order Sheet (POS) dated 8/27/13 included the diagnosis: aftercare traumatic fracture (broken bone) of the left hip. <p>The admission Minimum Data Set 3.0 assessment (MDS) dated 9/3/13 documented the Brief Interview for Mental Status score of 10 which indicated the resident cognitive status was moderately impaired. The MDS further documented the resident was independent with set up help only with bed mobility, transfers, and personal hygiene, and required supervision with set up help with dressing and toilet use. The</p>	F 279			

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F 279	<p>Continued From page 5</p> <p>resident had no impairment of range of motion (ROM). The MDS documented the resident had no fall history.</p> <p>The Care Area Assessment (CAA) dated 9/3/13 revealed the areas related to activities of daily living (ADLs), falls and nutrition triggered but lacked documentation related to these areas.</p> <p>The care plan dated 8/27/13 lacked interventions related to falls.</p> <p>The hospital history and physical dated 8/13/13 documented the resident fell and sustained a left hip fracture.</p> <p>On 10/24/13 at 8:00 A.M. the resident sat in a wheelchair in his/her room waiting for breakfast. The resident revealed he/she was getting better, but the staff still needed to assist the resident since he/she broke his/her hip.</p> <p>On 10/24/13 at 11:20 A.M. administrative nursing staff D revealed the care plan lacked interventions related to falls.</p> <p>On 10/25/13 at 10:20 A.M. licensed nursing staff H acknowledged the care plan did not address falls.</p> <p>The revised October 2010 facility policy " Care Plans- Comprehensive " was based on a thorough assessment. Care plan interventions were designed after careful consideration of the relationship between the resident ' s problem areas and their causes.</p> <p>The facility failed to develop a comprehensive care plan for resident #1 related to falls.</p> <p>- Resident #2 ' s Physician Order Sheet (POS)</p>	F 279			

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F 279	<p>Continued From page 6</p> <p>POS dated 10/5-11/4/13 included the diagnoses: Parkinson ' s disease (a slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, forward flexion of the trunk, loss of postural reflexes and muscle rigidity and weakness).</p> <p>The readmission Minimum Data Set 3.0 Assessment (MDS) dated 6/9/13 documented the resident required extensive assistance of 1 staff with bed mobility, transfers, toileting and personal hygiene. The MDS further documented no falls.</p> <p>The Care Area Assessment (CAA) dated 4/8/13 revealed the resident was at risk for falls related to history of falls.</p> <p>The 9/12/13 care plan lacked the problem of falls, or any interventions to prevent falls.</p> <p>The nurses notes documented the resident was found on the floor on a floor mat with chair alarm sounding on 6/1/13.</p> <p>On 10/24/13 at 8:00 A.M. the resident was observed in a low bed with a mat next to the bed and an alarm on the bed.</p> <p>On 10/24/13 at 11:20 A.M. Administrative Nursing Staff D revealed the care plan lacked interventions related to falls.</p> <p>On 10/25/13 at 10:20 A.M. licensed nursing staff H acknowledged the care plan did not address falls.</p> <p>The revised October 2010 facility policy "Care Plans- Comprehensive" was based on a</p>	F 279			

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F 279	Continued From page 7 thorough assessment. Care plan interventions were designed after careful consideration of the relationship between the resident's problem areas and their causes.	F 279			
F 280 SS=D	The facility failed to develop a comprehensive care plan for resident #2 related to falls. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: The facility's census totaled 36 residents with 3 residents sampled. Based on observation, interview and record review, the facility failed to review and revise the care plan for 1 resident (#3)	F 280			

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F 280	<p>Continued From page 8 related to falls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #3's Physician Order Sheet (POS) dated 10/5/13 included the diagnosis: left hip fracture (broken bone). <p>The admission Minimum Data Set 3.0 assessment (MDS) dated 10/12/13 documented the Brief Interview for Mental Status score of 9 which indicated moderately impaired cognitive status. The MDS further documented the resident required limited assistance of 1 staff with bed mobility and transfers. The resident had no functional limitations with his/her range of motion.</p> <p>The Care Area Assessment (CAA) dated 10/22/13 revealed falls triggered due to the clinical record, and history and physical.</p> <p>The care plan dated 9/28/13 documented the resident had a fall/safety problem. The resident ambulated using a wheelchair. Due to the recent fall, the resident would utilize an alarm pad on the wheelchair and mattress, to alert the staff of movements made by the resident. Staff placed the bed in the lowest position and used a floor mat as an extra precaution.</p> <p>On 10/25/13 at 7:45 A.M. observation revealed the resident slept in bed with the bed at the normal height.</p> <p>On 10/25/13 at 8:00 A.M. staff assisted the resident to the bathroom with the use of a walker. The resident revealed he/she got up early this morning and went to the bathroom by himself/herself and did pretty good. Observation</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>revealed the lack of a floor mat next to the resident's bed.</p> <p>On 10/25/13 at 11:30 A.M. the resident observed walked unattended in the hallway with a roller walker with a steady gait.</p> <p>On 10/25/13 at 3:25 P.M. direct care staff O revealed the resident walks with a roller walker and would like for him/her to call for assistance but he/she was steady.</p> <p>On 10/24/13 at 11:20 A.M. administrative nursing staff D revealed the care plans were not accurate ort or updated.</p> <p>On 10/25/13 at 1:55 P.M. licensed nursing staff I revealed the resident was able to walk with walker and no staff assistance.</p> <p>The revised October 2010 facility policy "Care Plans- Comprehensive" documented the assessments of the residents were ongoing and care plan were revised as information about the resident and the resident's condition changes.</p> <p>The facility failed to review and revise the care plan related to falls when the resident no longer utilized alarms or used a floor mat.</p>	F 280			